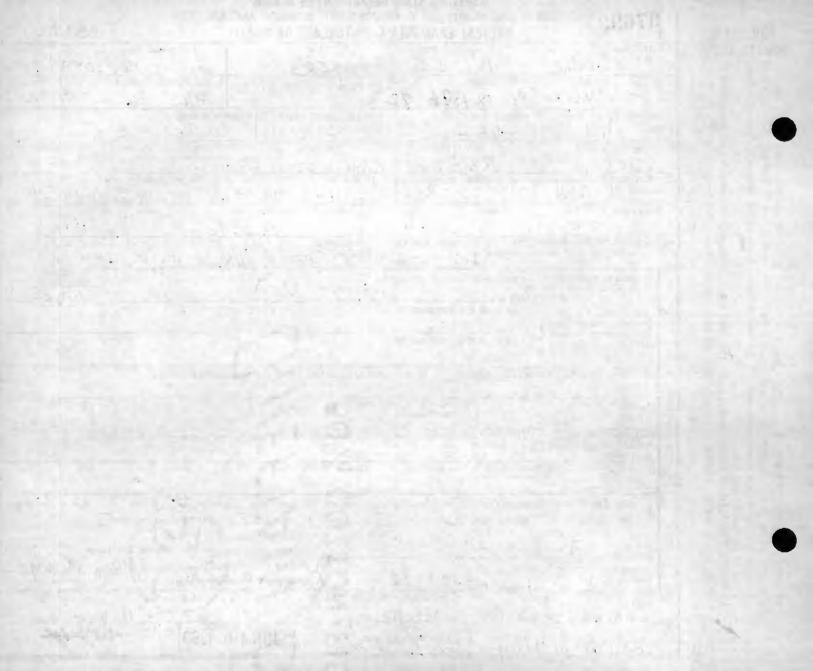
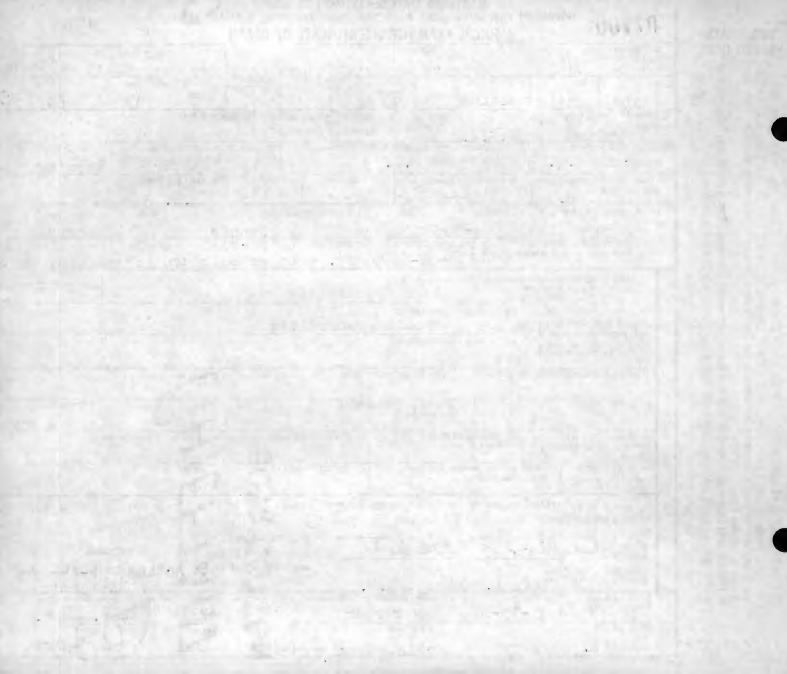
/	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		07699 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09171
HEALTH DEPT.	1.0	First Middle Last 2a. DATE KNOWNS Month	
	- (Type or Print) JAdie Rounds Ayers DEATH MATED MAY	30 199 9P M
delay ind 3 t	3. 5	EX 4. RACE 5. DATE OF BIRTH , 6. AGE (In years I F NOER I YEAR IF UNDER 24 HRS 26. DATE PRONOUNCED DEAD	2d. HOUR
2, and 3 to PM3. Page		1- Negro Dec 18 1896 92 yrs MONTAS DAYS HOURS MIN. Month Day	Year 69 90 M
Popol		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1/2/
es l	COU	My Md USA WIDOWED'S DIVORCED WORCES +CR	Mc
offer death B. Give Pag olong with with the Sto	10.	OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during-myost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
g w g	10	1 SAIN 19 DOX 193 DRANCH IT HOUSEWIFE	IMDUSTRY
hours ofter death Item 18. Give Pages 1, Office along with form Iond 2 with the State Pages 1,	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, STY OR TOWN dmission) STATE 13b, COUNTY WOR. SERIAL YES NO FR A BOX 1931	BRANCH St.
	14,	TSTab Middle Lost IS. MOTHER'S MAIDEN NAME First Middle CLASTERS NAME First Middle	Collick
INER: This certificate should be executed within 24 hours ofter death e certificate, writing the word "pending" in pepcific Item 18. Give Pages should be farwarded to the Chief Medical Exeminer's Office along with for files. 3 should be used as burial-transit permit. File pages Tand 2 with the State notion, or removal, and in any event within 72 haurs after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PERSON OF UNIVERSITY OF THE PROPERTY OF	180 × 193 Noh St Becho Md
be executed wit "pending" in pe nief Medical Exer onsit permit. File event within 72		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed ending in Medical E t permit. F		PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a)	10 SEDRS
e execution pending ef Medico sit permi		DUE TO, OR AS A CONSEQUENCE OF	
J be Chief ronsi		Canditians, if any, which gave) rise to immediate couse (a), (b)	
should be e word "per the Chief I urial-tronsit in any ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
Man of S		(c)	
te, writing the farwarded to the used os a but removal, and in	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi writi irwan used noval	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This core.	FE	WAS PERFORMED?	YES NO
VER: This certificate, writh nould be farwareles. should be used frion, or remova	MEDICAL CER	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, 11	lem 18.)
	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City at Town	Caunty State
L EXAM cecute th Poge 4 for your R: Poge		WHILE WOT WHILE AT WORK AT WORK AT WORK	
JICAL EXAMINER: sleose execute the certi director. Page 4 should etained for your files. DIRECTOR: Page 3 shou or to burial, cremation,		22o. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry	ond in my opinion
oleose ex director. etoined for to bur to bur	1	deoth resulted from: Noturol couses 🖳 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner	
e de de		ACTUAL CHIEF MEDICAL EXAMINER C	#1 marking
JTY pleerol dij be reto RAL DI prior 1		SIGNATURE ASSISTANT MEDICAL EXAMINER	SIGNED SC (CC
TO DEPUTY necessory, p the funerol 5 may be r TO FUNERAL Health price	-	NAME (Type) F.J. TOWNSEND, JR OPPORTSTRAY WINDOWS	9 21109
the Hee	230	BURIAL CREMATION, 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) 6-3-69 MH. Wesley SNOWHILL	WARE - Md
A	24.	FUNERAL DIRECTOR ADDRESS ADDRESS 250. REC D BY REGISTRAP 250. REGISTRAP 250. REGISTRAP 250. REGISTRAP 369	SIGNATURE AND THE STATE OF THE
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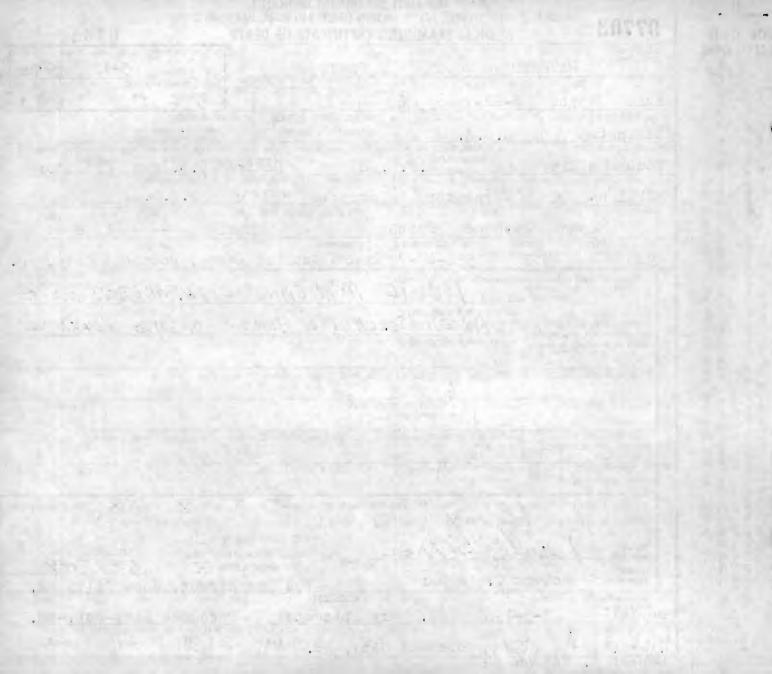
2	MARYLAND STATE DEPARTMENT OF HEALTH
FOD STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07690
HEALTH DEPT.	MEDICAL EXAMINER S CERTIFICATE OF DEATH
	(Type or Print)
ay is 3 ta Rage int of	JULIA ELLEN HANCOCK DEATH MATED MAY 9 1969 6.00 M. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d HOURS
de lo	S. DATE OF DIRTH SECTION OF SECTI
any delay 2, and 3 PM3: Pag pariment	Female White 8-25-1966 2 yrs. What Country? 8. Married Never Married 9. COUNTY OF DEATH
- E	Maryland U.S.A. WIDOWED DIVORCED WORCESTER Md.
rith. Ages h fo hate	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1120, USBAL OCCUPATION (Kind of work done 112b, KIND OF RUSINESS OR
hin 24 haurs after death. acil in Item 18. Give Pages inger's Office along with far pages 1 and 2 with the State haurs after death.	Pocomoke City give shedder Pourth Street during most of working life, even if retired.) INDUSTRY
Giv Giv Giv	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
s afte 18. Gil 2 with death	VTright Mea V3b. COUNTY Richmond YES 12 NO □ 205 South Bldv. Apt. 11
haurr Item Office I and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
24 I in It in It is C ir	William John Hancock Mary Elaine Evans
within 24 haurs after death. Transcription 18. Give Pages Examiner's Office along with far Eiler pages I and 2 with the State 72 haurs after death	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no. or unknown) / (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT None 17. INFORMANT None 18. Mary Ellaine Hancock
Exergine With	in the first state state of the
	1B. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) PART I. DEATH WAS CAUSED BY:
xecuta nding Media permit t with	IMMEDIATE CAUSE (a) Constraint of muchous and office 5 minutes
be execut pending lef Medice nsit permi	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF
d b d b d d b d d d d d d d d d d d d d	rise to immediate couse (a). (b)
shauld be exe shauld be exe re ward "pendi a the Chief Me burial-transit pe f in any event	stating the underlying couse DUE TO, OR AS A CORSEQUENCE OF DIES.
the state of the nod in ord in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART 1(c)
This certificate shauld be executed icate, writing the ward "pending" be farwarded to the Chief Medical be used as a burial-transit permits ar remayal, and in any event within	
writ writ war	190. DATE OF OPERATION 190. DATE OF OPERATION WAS PERFORMED? Papilloma of large of injury in ord 1 of Port 2, Item 18.) 20. AUTOPSY? YES \(\text{NO INJURY Month, Doy, Year} \) 190. DATE OF OPERATION WAS PERFORMED? Papilloma of large of injury in ord 1 of Port 2, Item 18.)
VER: This certificate, writh hauld be farwariles. shauld be used shauld ar remava	asril 6. 1969 WAS PERFORMED? Papilloma of larmy YES NO IN
4 _ 9	21o. G FERNAL CAUSE WAS 21o. TIME OF INJURY Month, Doy, Yeor PRIMARY OCCURRED (Enternature of injury in Lort 1 of Port 2, Item 18.)
INER: e certifi shauld files. 3 shaulc	CAUSE OF DEATH P.M. 19
MIN the the r fil mat	forten office building stell
SICAL EXAMINER: se execute the certificar. Page 4 shauld ned far yaur files. ECTOR: Page 3 shau is burial, crematian,	AT WORK AT WORK
Xecoxec far far far far ridd	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinion
director.	death resulted fram: Natural causes
please director retainer of DIREC	ACTUAL CHIEF MEDICAL EXAMINER CONTRACTOR
Ssary, funeral funeral ay be any be with price the price of the price	SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5-20-69
	NAME (Type) Lloyd O. Long, M. D., 164 Bay Street and Brown, Hild, or Mile) Worcester
O D D There the S m O FU	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY RECEIVED 23d. LOCATION (City or Town) (County) (Slote)
	Buffield Pocomoke City-WorMd.
V =	24 FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68	Robert H. Walson Pocomoke City, Md. MAY 23 1969 Carrier May
Ash	Robert H. Watson

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07702 CERTIFICATE OF DEATH 07692 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 filled YES NO X Middle 4. DATE Month carban NAME OF First Lost Dov Year DECEASED ARVIS (Type or print) OWARD DEATH 19 IF UNDER 24 HRS 9. AGE (In years FUNDER 1 YEAR S. SFX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Doys Months Hours WIDOWED DIVORCED cremation, or removal, and in any puo 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MDUSTRY WORCESTER-BERLIN-MA physitian TETIRED 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ā omAS COFFIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 219-01-0718 BERLIW, Hemas IOR WORLD WAR INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO buriol Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health NO DIRECTOR: After this certificate d 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. Not While factory, street, office bldg., etc.) of work of work 21. I certify that (1) (this haspital) attended the deceased fram. 1969, and that death occurred at 4 P. M. fram captes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS. Bay St., Snew Hill, Md. 21863 22c. PHYSICIAN'S TO FUNERAL Lleyd 0. Leng, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) BURIAL (Specify) 1969 BT. PAULS WORCESIER EMIN 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** Milania Judge VR A15 (4) 25M 1/67

AND THE PARTY OF T 100 1. Nov St., 30v MIL, NJ. 21663 LILEYS D. TOOT, I SWELL

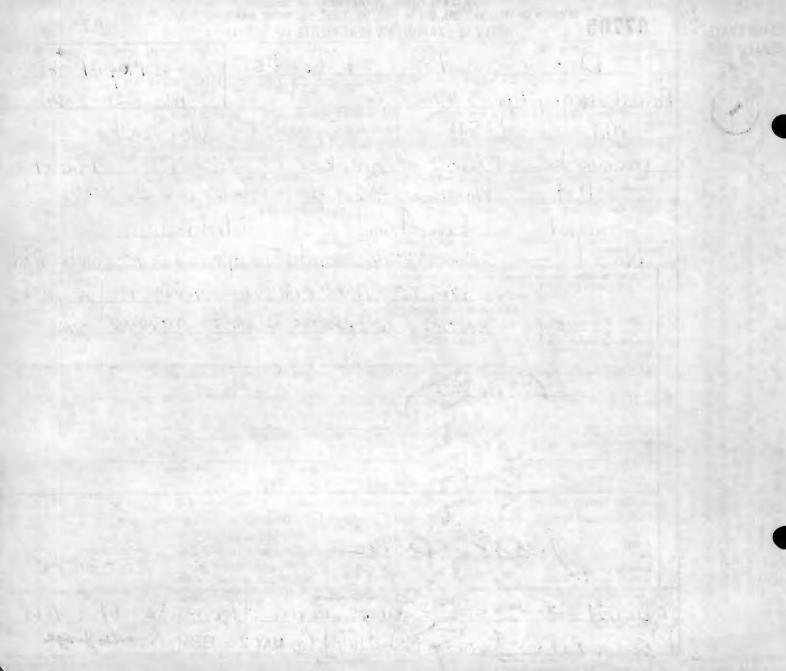
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HEALTH DEPT.		ECEASED-NAME Type or Print)	RAYM		Mid		Lost		OF.	KNOWN Manth	Day Yes	ar 2b. HOUD
Page 15	3, 5	EX	4 RACE	S. DATE O	JOHN	6. AGE (In years	CERSH IF UNDER 1 YEAR	IF UNDER 24 HI		MATED DEAD	-1 1	69 7:00 N
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hin 24 niner's pages hours	160	WAS DECEASED EV	John FRINIIS ARMED	Raym	ona K	ersh	17. INFORMANT	Ma	arie	ADDRESS	LA Br	ot
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should be executed with eword "pending" in period the Chief Medical Exorurial-transit permit. File in ony event within 72		18. CAUSE OF	DEATH (Enter a	nly ane cause p	per line for (1), (b),	0nd 1976-	M Va	a . a 60 A				IMATE INTERVAL ONSET AND DEATH
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ord bord Chi		rise to immedi	iate cause (a),	(b).	, OR AS A CONSEQU		noi-c	112111	- 1	25/120	UP JUI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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ad the		PART 2. OTHER S	IGNIFICANT CON	DITIONS CONTR	IBUTING TO DEATH I	OUT NOT RELATED	TO THE TERMINAL	DISEASE OR CONC	OFFICE GIVEN IN	PART 1(o)		
This certific itale, writin be farward do be used as ar removol,	CERTIFICATION	190. DATE OF O	PERATION			N FOR WHICH OF	ERATION				20. AU1	OPSY?
his e fate, X	RTIFIC				WAS PERI						-1	□ NO □
*= T =	A 16		CONTRIBUTING		E OF INJURY Manth, I JR A.M.	Pay, Year	21c. HOW INJURY O	CCURRED (Enter	noture of injury	in Port 1 or Port 2,	Item 18.)	
INER shoul files. 3 sho	MEDICAL	21d. INJURY OCC	URRED 21e.	PLACE OF INJU	P.M. IRY (At hame, form,		21f. LOCATION Stree	t or R.F.D. No.	City o	r Town	County	State
DEPUTY CASCAL EXAMINER: rcessary, please execute the certific functor. Page 4 should may be retained far your files. FUNERAL DIRECTOR: Page 3 should priar to buriol, cremation,		AT WORK A	T WHILE	actary, office bu	uilding, etc.}			274				
Po Po Field, iol,		22a. I	certify that I	taak charge	af the remains d	escribed abav	re, held an Aut	apsy,	Inspection	, Inquiry	and in	n my apinian
pleose e I director retoined		death re:	sulted from.	Natural	causes A	ccident,	Suicide,	Hamicide [ermined manne		
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Sary, mero y be KERA		EXAMINER'S	1		V		m.U.	PUTY MEDICAL EX		5	-1-6	9
TO DEPUTY DICA necessary, please ex the funeral director. 5 may be retained TO FUNERAL DIRECTOR		NAME (Type)			. La Ma		749	DATES (Bell A)				Md.
0 s 4 2 0 H	23o	BURIAL, CREMAT REMOVAL (Speci Urial	(y) 23b	. DATE -3-19	-		Episco		23d. LOCATION		(Caunty)	(State)
	74.	SUNERAL DIRECTO		1	07 101	ADDRESS	ThT200	2So. REC'D BY	REGISTRAR	oke Cit:	S SIGNATURE	-Mu.
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570	N	1	1	alle and here are as	MAKTLAN DIVISION OF VITAL RECORDS,	O STATE DEPARTMENT O		
V)	1	1		07704		CERTIFICATE OF DEAT		07694
	疟	-24 -24	1	. DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	ded	ers. Pages 1 and 2 2 as a after death.	-	(Type of print) Harle	y Bowen	Morris	May 2, 190	Увот ВА М
	9	fer in	3	SEX	4. RACE	S. DATE OF BIRTH	6 AGE (n years	1F JNDER 1 YEAR OF UNDER 24 HRS MONTHS GAYS HOURS MIN
	- E	Page at		Male	White	Morch 3, 3	1891 last burinday) YRS	
	aurs	300	7	o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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	(×	g el d	Ī	4 FATHER'S NAME First	Middle rost	15. MOTHER'S MAJDEN NAT	WE First Middle	Lost
	78	des /	L		J. Morris		W. Walker	
	icate	rsician and complease remave		60. WAS DECEASED EVER IN L.S. ARN Yes, no, or unknown) (If yes give w	or or dates of service)		Address	
	Ť.	phy ava	F	tes Wor			Eighenville,	APPROX,MATE INTERVAL
	-E	rem Tem	- 1	1B. CAUSE OF DEATH (Enter on) PART I DEATH WAS CAUSED	y one couse per line for (o), (b), ond (c) BY. TE CAUSE (o)	1 0.		GETWEEN ONSET AND DEATH
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	± ±	the major	- 1	rise to immediate cause (a).	(b)			
	£ is	trair cre		stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
	Jires Vsić	rial	-1		(c) DITIONS CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE TEDMINAL DISEASE	OR CONDITION CIVEN IN PART 1/6)	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditioning programments of the director, page 3 should be detached far use as the burial-transit permit. Then please remains shauld be filed with the State Dept of Health priar to burial, cremation, ar remayal, and in any	-1		DITIONS CONTRIBUTION TO DON'TH BOT N	OF KERIEB TO THE TEXIMINAL DISEASE	ORCORDITION OFFIN IN PART 1(0)	
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	The	he se	*	Ĕ		YES NO	CAUSES OF DEATH?	
	z b	eaft /			G 215 TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2	₹, Item 18.)
	8 E	tific F	-1	OR CONTRIBUTING CAUSE OF OEAT OF CONTRIBUTING CAUSE OF OEAT OF CONTRIBUTING CAUSE OF OEAT	H HOUR A.M. Month Doy Year ner) P.M. 1	9		
	HYSI Pose	check	-1	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET FA		. No. City or Town	County State
	2 2	this deta	_	nt work at work				
	N.	ter State	-1	22a. I certify that (I) (th	s haspital) attended the deceas	ed fram_Sept. 5,	9 63, to May 2, I	9.69_, that (I) (we) last
		the A	-1	saw the deceased a	is haspitat) attended the deceas live an <u>Apr 12</u> , (J) (we) (did) (did nat) view the	bady after death.	apinion death accurred an the i	date and hour and fram the
	ATT	5 4 4	-1	22b SIGNATURE	The state of the s		72	c. DATE SIGNED 69
	2 2	## % % % % % % % % % % % % % % % % % %	71	Jach (- demo n	DEGREE PHYS	DIRECTOR - PHYS -	-
	AL ∨	L D G		22d. RHYSICIAN'S	C T 36 T	22e. ADDRESS	12	
	TO HOSPITAL	ERA ar, F d be		NAME (Type) Jack	C. Lewis, M. I). Se.	lbyville, Delaw	are
	HO.	Sect Section	1	230 BURIAL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	01	5.9.₽.₽			ay 5, 19, 9	Fellowels of	Bishowyill	74.2
		VR A15 MIL	B	24. FUNERAL DIRECTOR	Apple ADDRESS	70 A 2 230. KE	D BY REGISTRAR * 256. REGISTRAI	R'S STONATURE
		30M REV 1768	A.	1200-111	and Januarya	che see, oma	Y 7 1969 Jalian	clay Judge :



1 1/1	1	MARTLAND STATE DEPARTMENT OF HEALTH	
4		07695 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE 4		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1.0	DEFENDING COLUMN	2b. HOUR
THE PER IT.	((Type or Print)	Carling and
deloy	3. 5	fact hothdayl MDUTUS DAYS MINUTED MIN	2d. HOUR
D 5 8 2	1	emale Negro Apr. 17, 1892 17/785 MINI Month May Doy 21 Year 1969	M
Port Port		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
-18 9		III) Md U.S.A. WIDOWED & DIVORCED WORCES TEX	41.1
fo to	10	CITY OR TOWN OF DEATH . II. NAME OF HOSPITAL OR ANSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSIN	Md.
Po think st	10.	during must of whiching life even if retired \ INDUSTRY	NESS UK
Give Poges ong with for the store of the Sto		rocomoke kural rocomoke Laborer Facto	ry
on on the		D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 135 (ITY OR TOWN) 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER	/
hin 24 hours after death neil in Item 18. Give Poge niner's Office olong with 1 noges Land2 with the Stat hours ofter death	C	odmission) STATE (Yd. 13b. COUNTWORCESTER RECOMPORE YES IN NO IN R.F. D.2 Bx. 372	
mud Zi	14,	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
tap of		P	
24 in	16.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT 1 ADDRESS	
Wide: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18. Give Pogr should be forworded to the Chief Medical Examiner's Office along with files. 3 shall be used as a buriol-transit permit. File pages land 2 with the Storiotion, or removal, and in any event within 72 hours often death.		(Yes, no orlunknown) (If yes give war or dates of service)	MI
wit per xon 72		140 - 219-01-05/4 Juanita leagle K.F.D. Focomore,	<u> </u>
- E - E		18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).)	NTERVAL IND DEATH
in the		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOUTE MY O CARDING INTERCT MINK	
xer didin her per		4-10 9 DUE TO, OR AS A CONSEQUENCE OF	
e e e e sit sit		I see the second	
ould be executed vord "pending" in the Chief Medical E of-transit permit. Fany event within		rise to immediate couse (a). (b) His I Plus 36 Level 1 February 1 Fisher 1	
N PO		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
This certificate should be executed wirete, writing the word "pending" in pe be farworded to the Chief Medical Exar be used as o buriol-transit permit. File removal, and in any event within 72		lost. (c)	
His certificate to, writing the farworded to be used on o bremoval, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
A de de la	7	DIABLIES	
NER: This certificate certificate certificate, writing should be farworder files. 3 shmuld be used on option, or removal, cotton,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?	
s c for for	FICA	WAS PERFORMED?	NO CT
d be	ERT	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
HE BE C		PRIMARY OR CONTRIBUTING HOUR A.M.	
cel	MEDICAL	CAUSE OF DEATH P.M. 19	
	M	21d. INJURY OCCURRED 21e. PLACE DF INJURY (At home, form, street, fortory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town fortory, office building, etc.)	Stote
EXAMINER: cute the certicoge 4 should ryour files. Frage 3 shell il, cremotion,		WHILE NOT WHILE I TOCTORY, OTTICE BUILDING, etc.)	
L EXA ecute Poge or you or you		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my	aninian
se execu sctor. Po ned for ECTOR: F			apinian
ITY DICOSE e eral director be retoined RAL DIRECT			
pleose direct retoine DIREC		ACTUAL 1 AN ATTE TO MAG CHIEF MEDICAL EXAMINER (CHIEF MEDICAL EXAMINER)	
y, ple red die		SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED	_
EPUTY DICK Ssory, please e funeral director oy be retained INERAL DIRECT ITH prior to bu	1	EXAMINER'S DEPUTY MEDICAL EXAMINER \$ 5-21-69	
o DEPUTY SICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your of Funeral DIRECTOR: Page Health prior to buriol, crem		NAME (Type) ADDRESS(Street, city, town, or county)	
TO DEPUTY necessory, the funera 5 may be TO FUNERA Health Pr	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stg	gte)
	1	a BURIAL, CREMATION. 23b DATE REMOVAL (Specify) 5-25-69 ST DATES Cem. 23d LOCATION (City or Town) (County) (Sta	11
^ /	24	FUNERAL DIRECTOR 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE	101.
1)(1 1		-
VR ATSME (5) (1)	11/	Party 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



	- 1		07706 Item23 FilmG47	DIVISION OF VITA 3 6 /6/69 kk		OI W. PRESTON STR		RE, MAR	YLAND 21201	076	96
	eeral arth.		ECEASED-NAME Fin		Middle	Vickers	24	o. DATE OF I		oy 198°9	2b. HOURE
	24 haurs after death ed in by the funeral ppers. Pages land 2 172 haurs after death	3. SI	Female	4. RACE	2	S. DATE OF BIR	17, 18	88	6. AGE (In years loss birthday) YR	MONTHS OAY	
•	d in by pers. P	con	BIRTHPLACE (State or foreign of foreign of the control of the cont	76. CITIZEN OF WHAT CO			CED 🔲		ster		Md.
	within 2 ely filled ban pag within	WI	CITY OR TOWN OF DEATH	give street	oddress)	TUTION (If nat in hospitol	during most o	working	Kind of work dane te even if retired.	12b. KIND INDUSTRY	OF BUSINESS OR UHome
	executed within and completely fill smave carban poany event, within	adm	USUAL RESIDENCE (Where decensission) STATE	13b. COUNTY	rester	Whalehvill	YES NO		RFD		
	d i i		FATHER'S NAME First				y Tayl	or	Middle		Last
			XX	e war or dates of service)	SOCIAL SECURITY NO 18-05-8		sh Lew	is W	Address	APPR	OXIMATE INTERVAL IN ONSET AND GEATH
	that the death certificant on the attending by the attending by transit permit. Then crematian, ar remova		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME	SED BY: DIATE CAUSE (o) DUE TO, OR AS A	cut	e myo	cor	de	17	Deline.	N ONGET MIND OURTH
0			Canditions, if only, which gav rise to immediate cause (a stating the underlying caus last.). (0)	CONSEQUENCE OF	letes.	ny o	207	au.		
0	requires that physician is signed by the burial-traits to burial, are	_	PART 2. OTHER SIGNIFICANT (TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE OR COND	DITION GIVEN	IN PART 1(o)		
18	AN: The law re all at attending itate has been far use as the Health priar ta	CERTIFICATION	190. DATE OF OPERATION 19	b. Condition for which o	PERATION WAS PERI	YES 🔲	NO 🔲	CAUSES	YES, WERE FINDINGS OF DEATH?		I CERTIFYING
	PHYSICIAN: e haspital ar his certificate stached far u Dept. af Heal	MEDICAL CER	OR CONTRIBUTING CAUSE OF C	EATH HOUR A.M. Mo	onth Day Year	21c. HOW INJURY OCC					
	by the haspital by the haspital fleer this certificate be detached fastate Dept. at H	*	While Not while			ORY, 21f. LOCATION Stree	t or R.F.D. No.	City	or Town	County	State
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt		22a. I certify that (I) (saw the deceased causes stated abo	alive an 3 - 2 ive, (I) (we) (did) (did	1-64 IY	, and that in I m	y) (our) apinia	ın death o		date and ha	ur and from the
	ITAL OR ATTENE may be retained RAL DIRECTOR: A page 3 shauld be filed with the	ŀ	22b. SICHATURE	A E. Q	chol	DEGREE PHYS.	DIREC		STAFF PHYS. 25	2c. DATE SIGNED	
	TO HOSPITAL O Page 4 may be TO FUNERAL DIS director, page shauld be filed	0	22d. PHYSICIAR'S NAME (Type)	toford!	LIZE NAME OF C	66771. We. ADD	~3e	7/1)	1, m	(County)	(State)
	TO FO		BURIAL, CREMATION, 23 REMOVAL/(Specify) FUNERAL/DIRECTOR	5/27/1969	Da 1		2Sa. REC'D BY R	V/AL EGISTRAR	N (City or Town) EYVILL E Y 861 REGISTRA	No CE	STER MAL
	30M REV. 1008	y _	Tello 119	rally Se	llegar	le sel,	MAY 2	9 1963	3 Volum	de J	ye.

